## Arizona Department of Water Resources Records Management Section 500 N. 3rd Street • Phoenix, Arizona 85004 (602) 417-2405 • (800) 352-8488 www.water.az.gov

## Project Completion Report for Mineral Exploration Drilling

Review instructions prior to completing form in black or blue ink.

*	This report should be prepared by the well owner or exploration firm in detail and filed with
	the Department within 30 days following completion of the project as a whole.

FILE	NUMBER		
WELL	REGISTRA	ATION NUM	1BER
55 -			

\*\* PLEASE PRINT CLEARLY \*\* **SECTION 1. LOCATION OF WELL** WELL LOCATION ADDRESS (IF ANY) TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 1/4 1/4 1/4 **SECTION 3. DRILLING AUTHORIZATION** SECTION 2. OWNER INFORMATION **Well Owner Drilling Firm** FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL MAILING ADDRESS **DWR LICENSE NUMBER** TELEPHONE NUMBER CITY / STATE / ZIP CODE FAX CONTACT PERSON NAME AND TITLE TELEPHONE NUMBER FAX **SECTION 4.** DATE DRILLING PROJECT STARTED DATE DRILLING PROJECT COMPLETED NUMBER OF HOLES Casing (if installed) **Geologic Log of Well** CHECK ONE MATERIAL (T) OUTER Unconsolidated Formation DIAMETER δ ABS IF OTHER TYPE, (inches) Consolidated Formation: **DESCRIBE** STATIC WATER LEVEL (IF ENCOUNTERED OR DETECTED) Feet Below Land Surface SECTION 5. ACTUAL WELL ABANDONMENT DESIGN (if abandoned) Casing Treatment (if applicable) Sealing or Fill Material TREATMENT TYPE (T) MATERIAL TYPE ( T ) **DEPTH FROM DEPTH FROM** HIGH SOLIDS SURFACE SURFACE IF OTHER TYPE. CEMENT-BENTONITE GROUT BENTONITE BRUSH OR SCRAPE CASING REMOVAL (explain in Remarks) DESCRIBE SAND-BENTONITE GROUT SAND-CEMENT GROUT **VEAT CEMENT** MIXING SONAR JET **VOLUME RATIO** IF CASING WAS PELLETS GROUT CHIPS OF SAND by PERFORATED, **FROM FROM** TO TO **MATERIAL** (check one) DESCRIBE (feet) (feet) (feet) (feet) USED SPACING AND SIZE ■ Weight (cubic feet) OF PERFORATIONS □ Volume THAT WERE ADDED

te that this report is filed in compliance with A.A.C. R12-15-817(C) and is complete and correct to the best of my knowledge and belief.			
TYPE OR PRINT NAME AND TITLE	SIGNATURE OF WELL OWNER OR EXPLORATION FIRM	DATE	